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ABSTRACT

The booklet sets forth requirements for special education certification and approval in Illinois. Outlined are requirements for certification for the following disability areas: educable mentally handicapped, learning disabilities, social/emotional disorders, trainable mentally handicapped, blind and partially seeing, deaf and hard of hearing, physically handicapped, and speech and language impaired. Information is listed for classroom teachers, as well as administrators and special teachers, including diagnostic teachers and therapists. (CL)

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ILLINOIS STATE BOARD OF EDUCATION

ED214345

DONALD G. GILL
State Superintendent of Edu
State Teacher Certification
100 North First Street
Springfield, Illinois 627

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SPECIAL EDUCATION CERTIFICATION AND APPROVAL REQUIREMENTS AND PROCEDURES

For purposes of district reimbursement, individuals seeking employment in approved public school special education programs must be approved by the Illinois State Board of Education. The Illinois State Board of Education will grant personnel approvals in three broad categories: approvals coinciding with special education certification areas; approvals issued for special education teaching positions in which no certificate is available; and approvals issued in other personnel areas of special education.

I. STANDARD SPECIAL CERTIFICATES ISSUED IN SPECIAL EDUCATION AREAS

The Standard Special Certificate for areas of special education will be issued to persons who hold a bachelor's degree from a recognized teacher education institution and meet general and professional education requirements as specified in the publication *Minimum Requirements for State Certificates,* available from the Certification and Placement Section, Illinois State Board of Education, 100 North First Street, Springfield, Illinois 62777.

EC 141563

The special education areas for which certification on a Standard Special Certificate may be obtained and the requirements for each are listed below:

A. Educable mentally handicapped
B. Learning disabilities
C. Social/emotional disorders
D. Trainable mentally handicapped

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E. Blind and partially seeing
F. Deaf and hard of hearing
G. Physically handicapped
H. Speech and language impaired

A. Educable Mentally Handicapped

1. 32 semester hours including at least one (1) course in each of the following areas:

   a. Survey of exceptional children
   b. Characteristics course for educable mentally handicapped children
   c. A two (2) semester hour methods course for teaching educable mentally handicapped children
   d. Psychological diagnosis of all types of exceptional children
   e. Student teaching with educable mentally handicapped children (K-12)
   f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
      (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
      (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

B. Learning Disabilities

1. 32 semester hours including at least one (1) course in each of the following areas:

   a. Survey of exceptional children
   b. Characteristics course for children with learning disabilities
   c. Two (2) semester hour methods course for children with learning disabilities
   d. Psychological diagnosis of all types of exceptional children
   e. Student teaching for children with learning disabilities (K-12)

f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
   (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
   (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

C. Social/Emotional Disorders

1. 32 semester hours including at least one (1) course in each of the following areas:

   a. Survey of exceptional children
   b. Characteristics course for emotionally disturbed and/or socially maladjusted children
   c. Two (2) semester hour methods course for emotionally disturbed and/or socially maladjusted children
   d. Psychological diagnosis for all types of exceptional children
   e. Student teaching with emotionally disturbed and/or socially maladjusted children (K-12)
   f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
      (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
      (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

D. Trainable Mentally Handicapped

1. 32 semester hours including at least one (1) course in each of the following areas:

   a. Survey of exceptional children

b. Characteristics course for trainable mentally handicapped children
c. Two (2) semester hour methods course for trainable mentally handicapped children
d. Psychological diagnosis for all types of exceptional children
e. Student teaching with trainable mentally handicapped children (K-12)
f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
   (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
   (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

E. Blind and Partially Seeing

1. 32 semester hours including at least one (1) course in each of the following areas:
   a. Survey of exceptional children
   b. Characteristics course (eye conditions, problems)
   c. Two (2) semester hour methods course in both braille reading and writing
   d. Psychological diagnosis for all types of exceptional children
   e. Student teaching with blind and partially seeing children (K-12)
   f. Course in typing or proficiency
   g. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
      (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
      (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

F. Deaf and Hard of Hearing

1. 32 semester hours as prescribed below:

   a. Psychological area (five (5) semester hours)
      (1) Psychology of exceptional children (3 semester hours)
      (2) Psychological aspects of deafness (2 semester hours)
   b. Science area (10 semester hours)
      (1) Speech and hearing mechanisms (3 semester hours)
      (2) Audiology (4 semester hours)
      (3) Phonetics (3 semester hours)
   c. Communications and education area (12 semester hours)
      (1) Speech for the deaf and practicum (3 semester hours)
      (2) Auditory habilitation and practicum (2 semester hours)
      (3) Language for the deaf and practicum (3 semester hours)
      (4) Speech reading (2 semester hours)
      (5) Methods for the deaf (2 semester hours)
   d. Required background course
   e. Professional practice
      (1) Five (5) semester hour student teaching with the deaf (K-12)
   f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
      (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
      (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

G. Physically Handicapped

1. 32 semester hours including at least one (1) course in each of the following areas:

   a. Survey of exceptional children
   b. Characteristics course for physically handicapped children

c. A two (2) semester hour methods course for physically handicapped children
d. Psychological diagnosis for all types of exceptional children
e. Student teaching with physically handicapped children (K-12)
f. Pre-student teaching clinical experiences at the elementary and secondary levels equivalent to 100 clock hours in the area of specialization
   (1) Applicants with the required credit in student teaching and evidence of successful teaching experience need not complete additional student teaching.
   (2) Applicants with successful teaching experience in the field of specialization need not complete pre-student teaching clinical experiences.

2. The remainder of the required 32 semester hours may be completed by taking additional courses in the above areas and other coursework in special education.

H. Speech and Language Impaired

The individual holding the Special Certificate endorsed in speech and language impaired must have a master's degree and have completed a course of study in communicative disorders and related disciplines designed to develop academic and clinical competence in the areas identified below.

The academic preparation as outlined requires a total of 66 to 75 semester hours of the designated areas of course credit, including up to six semester hours for the required practicum, distributed as outlined below.

	Semester Hours
1. Field of Specialization— Speech and Language Impairments	
a. Knowledge and understanding of the normal development and use of speech, hearing, and language	16-18 s.h.
(1) Competencies specifically required include the ability to know anatomy and physiology of the speech and hearing mechanism and to	

know and professionally apply phonetics and the principles of speech and language development.

(2) Additionally, the clinician should possess a broad and general spectrum of knowledge derived from the study of such fields as acoustics, communication theory, psychology of speech and language, the genetic aspects of speech and language, linguistics, semantics, and speech science.

b. Understanding of the nature of communicative disorders and their etiologies, as well as clinical competence in the evaluation and management of speech and language impairments, specifically including disorders of articulation, voice, fluency, structural and neuromuscular impairments of speech, and disorders of expressive and receptive language; and also knowledge concerning such methodological details as program development, casefinding, scheduling, referrals, record keeping, and reporting ..... *28-30 s.h.

*No more than six (6) semester hours in this category may be earned in clinical practicum courses.

c. Understanding of the fundamentals and clinical applications of hearing testing techniques, ability to interpret auditory tests, clinical competence in the administration of basic hearing tests and aural rehabilitation procedures ..... 7-9 s.h.

2. Professional Education and Related Areas

a. A general understanding of the public schools from the study of materials, such as history and philosophy of education, structure and function of the schools, procedures in directing learning; general knowledge about the procedures used by other educational handicaps ..... 6-9 s.h.

b. Knowledge and competency in the application of psychological principles derived from study of such areas as general psychology, human growth and developmental processes, educational psychology, tests and measurements, abnormal psychology, and the psychology of learning ..... 9 s.h.

3. Clinical Practicum in Communicative Disorders

a. Clinical competence in the evaluation and management of communicative disorders, including specifically those listed below.

(1) Understanding, through at least 100 clock hours of supervised practicum involving diagnostic and therapeutic experience with children in schools, of the specific problems, methods and procedures applicable in public education

(2) Competence in the evaluation and management of speech, language, and auditory disorders in clinical settings other than the public schools, involving diagnostic and therapeutic experience with clients achieved through not less than 200 clock hours of supervised clinical practicum

(3) Ability to prepare histories, reports, letters, lesson plans, and other materials required in clinical management; and competence in counseling, interviews, and staffing achieved by doing up to an additional 100 clock hours of such activity under supervision, both in the school setting and other clinical settings

(4) The practicum described above should include experience with each of the following types of problems. There should be a reasonable distribution of clock hours among the various age groups.

(a) Impairments of fluency
(b) Impairments of articulation
(c) Impairments of voice
(d) Speech and language impairments associated with structural and neuromuscular disabilities
(e) Impairments of expressive and receptive language
(f) Impairments of hearing

II. APPROVALS ISSUED TO TEACH IN APPROVED SPECIAL EDUCATION PROGRAMS

Personnel approvals to teach in approved special education programs will be granted to individuals who meet the minimum preparation indicated below and will be limited to the grade level of the teaching certificate which the individual possesses.

Approvals to teach will be granted in the following areas:

(1) Educable mentally handicapped
(2) Learning disabilities
(3) Social/emotional disorders
(4) Trainable mentally handicapped
(5) Physically handicapped

To receive this approval the applicant must have an Elementary, High School or Administrative Certificate and at least one (1) course in each of the following areas:

(1) Survey of exceptional children
(2) Characteristics course in the area of special education
(3) A two (2) semester hour methods course in the area of special education that the applicant wishes to teach
(4) Psychological diagnosis of all types of exceptional children

Application Procedures For Standard Special Certificates and Approvals to Teach in Special Education Certification Areas

Individuals seeking approval in the previously listed areas must hold an Elementary, High School, or Administrative Certificate and must make application for the Special Certificate in the area of special education approval desired. This application (see below for sample of form) must be filed at the office of an Illinois Regional Superintendent of Schools by following the procedure below.

1. Complete the application in duplicate.
2. Attach official transcripts bearing the seal of the college and signature of an official of the college. The transcripts must show a degree from a recognized institution of higher learning.
3. Submit a $20 fee made payable to the State Teacher Certification Board in the form of a money order, bank draft or certified check. (*The School Code of Illinois* provides that each application for certification or evaluation of college credentials shall be accompanied by a fee of $20 which is not refundable. Personal checks or cash will not be accepted).
4. Submit a $5 registration and issuance fee; it must be made payable to the Regional Superintendent of Schools of the county where the applicant obtains certification.

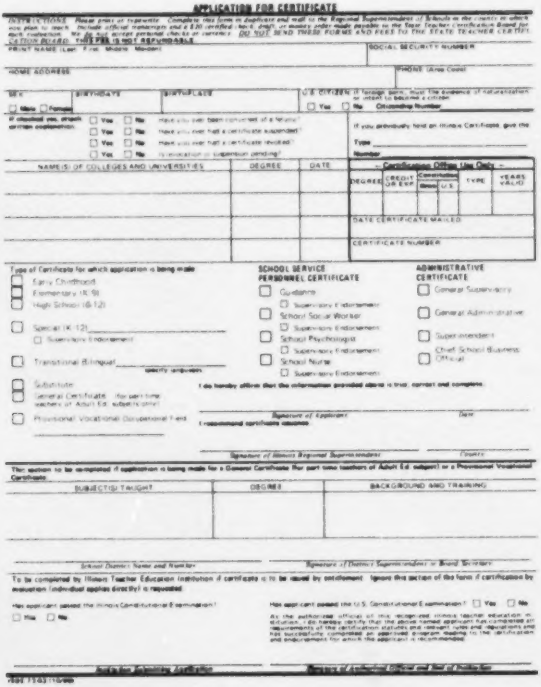
5. All of the above items must be submitted to the Regional Superintendent of Schools where the applicant plans to teach or resides.

If an applicant qualifies for the Standard Special Certificate, that certificate will be issued and returned through the office of the Regional Superintendent of Schools.

If an applicant does not qualify for the Standard Special Certificate, an evaluation for approval will be made; a deficiency statement and notification of the applicant's approval status will be returned to the applicant through the office of the Regional Superintendent of Schools.

If an applicant does not qualify for any of the requested areas of endorsement, the fee remitted will continue to be valid for the endorsements when the deficiencies are removed. If an applicant receives one or more, but not all of the endorsements requested, a new fee and application for the remaining areas will be required when the deficiencies are removed.

Sample Application for Certificate



APPLICATION FOR CERTIFICATE

INSTRUCTIONS: Please print or typewrite. Complete this form in duplicate and mail to the Regional Superintendent of Schools in the county in which you plan to teach. Include official transcripts and a $20 certified check, draft, or money order made payable to the State Teacher Certification Board for each endorsement. We do not accept personal checks or currency. DO NOT SEND THESE FORMS AND FEES TO THE STATE TEACHER CERTIFICATION BOARD. THE FEE IS NOT REFUNDABLE.

PRINT NAME (Last, First, Middle, Maiden)

SOCIAL SECURITY NUMBER

HOME ADDRESS

PHONE (Area Code)

SEX: Male Female

BIRTHDATE

BIRTHPLACE

U.S. CITIZEN: If foreign born, must file evidence of naturalization or intent to become a citizen. Yes No Citizenship Number

If checked yes, attach written explanation.

Yes No Have you ever been convicted of a felony?

Yes No Have you ever had a certificate suspended?

Yes No Have you ever had a certificate revoked?

Yes No Is revocation or suspension pending?

If you previously held an Illinois Certificate, give the Type Number

NAME(S) OF COLLEGES AND UNIVERSITIES | DEGREE | DATE

Certificate(s) Office Use Only

DEGREE | CREDIT OR EXP. | Constitution (date) | U.S. | TYPE | YEARS VALID

DATE CERTIFICATE MAILED

CERTIFICATE NUMBER

Type of Certificate for which application is being made

Early Childhood

Elementary (K-9)

High School (6-12)

Special (K-12)

Supervisory Endorsement

Transitional Bilingual (specify endorsement)

Substitute

General Certificate (for part-time teachers of Adult Ed. subjects only)

Provisional Vocational Occupational Field

SCHOOL SERVICE PERSONNEL CERTIFICATE

Guidance

Supervisory Endorsement

School Social Worker

Supervisory Endorsement

School Psychologist

Supervisory Endorsement

School Nurse

Supervisory Endorsement

ADMINISTRATIVE CERTIFICATE

General Supervisory

General Administrative

Superintendent

Chief School Business Official

I do hereby affirm that the information provided above is true, correct and complete.

Signature of Applicant | Date

I recommend certificate above

Signature of Illinois Regional Superintendent | County

This section to be completed if application is being made for a General Certificate (for part-time teachers of Adult Ed. subject) or a Provisional Vocational Certificate

SUBJECT(S) TAUGHT | DEGREE | BACKGROUND AND TRAINING

School District Name and Number | Signature of District Superintendent or Board Secretary

To be completed by Illinois Teacher Education Institution if certificate is to be issued by endorsement. Ignore this section of the form if certification by evaluation (individual applies directly) is requested.

Has applicant passed the Illinois Constitutional Examination? Yes No

Has applicant passed the U.S. Constitutional Examination? Yes No

As the authorized official of this recognized Illinois teacher education institution, I do hereby certify that the above named applicant has completed all requirements of the certification statutes and relevant rules and regulations and has successfully completed an approved program leading to the certification and endorsement for which the applicant is recommended.

Authorized Submitting Certification | Signature of Authorized Official and Seal of Institution

ISBE 1143 (10-88)

III. APPROVALS ISSUED TO PREVOCATIONAL, TEACHER COORDINATOR, SUPERVISORY, ADMINISTRATIVE AND EARLY CHILDHOOD SPECIAL EDUCATION PERSONNEL

In addition to approvals issued in special education certificate areas, the Illinois State Board of Education will evaluate the following areas for personnel approval to function in special education programs:

A. Prevocational coordinator
B. Teacher coordinator (pre-vocational programs)
C. Administrator of special education (director; assistant director)
D. Supervisor of special education
E. Early childhood education

The requirements for approval of each of the above-mentioned personnel are as follows:

A. Prevocational Coordinator Approval

1. Standard Special Certificate or Standard Secondary Certificate
2. Two years teaching experience
3. Minimum specialized courses (16 semester hours)
   a. Required courses
      (1) Courses in survey of the exceptional child
      (2) Characteristics of the mentally retarded student
      (3) Characteristics of the socially and/or emotionally maladjusted student
      (4) Vocational programming for the handicapped
   b. Electives and/or experience
      (1) Characteristics of other exceptionalities
      (2) Methods course in special education
      (3) Guidance and counseling
      (4) Educational and psychological diagnosis
      (5) Vocational and technical education
      (6) Credit for one (1) year cumulative work experience outside of education

B. Teacher Coordinator Approval

1. Standard Special Certificate in the area of exceptionality taught or Standard Secondary Certificate and approval in special education

2. Required course
   a. Vocational programming for the handicapped
3. Minimum of one (1) course from the following:
   a. Guidance and counseling
   b. Vocational and technical education
   c. Credit for one (1) year cumulative work experience outside of education

C. Administrator of Special Education Approval

1. Proper Administrative Certificate
2. Master's degree
3. Required courses (30 semester hours distributed among these areas)
   a. Survey of exceptional children
   b. Special methods courses (three areas of exceptionality)
   c. Supervision of programs for exceptional children
   d. Educational psychological diagnosis and remedial techniques
   e. Guidance and counseling

D. Supervisor of Special Education Approval

1. Proper Supervisory Certificate
2. Master's degree
3. Two (2) years teaching experience in the area to be supervised or for supervising in multiple areas, evidence of successful teaching experience in each of the additional areas
4. A total of 15 semester hours with work distributed in each of the areas listed below:
   a. Survey of exceptional children
   b. Characteristics course(s) in the area(s) to be supervised
   c. Methods course(s) in area(s) to be supervised
   d. Supervision of programs for exceptional children
   e. Educational and psychological diagnosis and remedial techniques

E. Early Childhood Special Education Approval

All individuals teaching in an early childhood special education reimbursable program shall hold a Standard Special Certificate in special education or an Early Childhood Certificate. In addition, all early childhood special education staff shall have all four (4) of the following courses:

1. Survey of exceptional children
2. The development of language in young children
3. Early childhood assessment
4. Elementary school curriculum and organization or early childhood curriculum and organization

Application Procedures

Application for personnel approval in the above five (5) areas is made through the Regional Superintendent of Schools. It will be necessary to follow the procedure as outlined below in order to obtain approval as an early childhood special education teacher, prevocational coordinator, teacher coordinator, administrator of special education, or supervisor of special education.

1. Complete the "Request for Evaluation for Approval Areas of Special Education" (see below for sample form) in duplicate. There is no fee charged for this request.

2. Attach official transcripts bearing the seal of the college and signature of an official of the college. The transcripts must show a degree from a recognized institution of higher learning. If experience is required for approval, please enclose necessary documentation.

3. Be sure to indicate the type of approval you wish to obtain.

4. Submit all of the above to a Regional Superintendent of Schools who, in turn, will forward it to the Illinois State Board of Education.

If the applicant meets the qualifications for the approval, that approval will be issued and returned through the office of the Regional Superintendent of Schools.

If the applicant does not qualify for the requested approval, the deficiency statement for the approval will be returned through the office of the Regional Superintendent of Schools that initiated the application.

Sample Form

ILLINOIS STATE BOARD OF EDUCATION
Department of Professional Relations
Certification and Placement Section
100 North First Street
Springfield, Illinois 62777

REQUEST FOR EVALUATION FOR APPROVAL AREAS OF SPECIAL EDUCATION

INSTRUCTIONS: Return two copies of this application to the Regional Superintendent without fee as application for an evaluation of accompanying certificates and professional credentials. If qualified in the area of requested evaluation, a letter of approval will be forwarded to the applicant.

NAME OF APPLICANT | SOCIAL SECURITY NUMBER | DATE

ADDRESS

DO YOU HOLD AN ILLINOIS CERTIFICATE? ☐ Yes ☐ No Type_____ Number_____

I am requesting an evaluation for approval to serve as:

☐ Pre-Vocational Coordinator

☐ Administrator of Special Education (Director)

☐ Teacher Coordinator (Pre-Vocational Programs)

☐ Supervisor of Special Education

☐ Teacher in Early Childhood Special Education Program

Attached to this request are: (List transcripts, letters of verification, all colleges and universities attended, etc.)

I request the Illinois State Board of Education to evaluate this candidate for the area indicated above.

_____
Signature of Regional Superintendent

_____
County

ISBE 73-26 (11/79)

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IV. APPROVALS FOR "OTHER" SPECIAL EDUCATION PERSONNEL

The Illinois State Board of Education will review requests for personnel approval of individuals employed in special education programs in other professional and noncertified positions. The table listed below indicates positions, with appropriate credentials and accompanying documentation which must be forwarded with each application. Applications not accompanied by the indicated documentation and credentials will be denied or delayed until the required documentation is obtained.

For positions in the following table, *application is necessary only for initial employment in the position in a district.*

OTHER SPECIAL EDUCATION PERSONNEL

Necessary Professional	Credentials	Documentation	Special Instructions
Adapted Physical Education Teacher	Appropriate certificate requirements for physical education as stated in *SBE Document I*	Job description with role and function; description of pupils served; percent of time with special education; applicable experience and background	
Administrative Intern – Special Education	Administrative Certificate (Appendix A of *SBE Document I*)	Job description with role and function; plan of intern program; evidence of sponsoring university approval	
Art Therapist	Registration from American Art Therapy Association *or* master's degree in art therapy		
Assistant Director – Special Education Joint Agreement/District Assistant Director; Regional Director; Regional Assistant Director	Administrative Certificate (*SBE Document I Appendix A*) and Administrator of Special Education Approval	Job description with role and function; evidence of board approval	
Audiologist	Certificate of Clinical Competence in Audiology from American Speech and Hearing Association		
Business Management Assistant	Bachelor's degree, business related field *or* master's degree, school administration	Job description with role and function; percent of time with special education	
Clinical Fellowship Year Audiologist	Copy of application for membership/certification with American Speech and Hearing Association.	Original letter of assurance of clinical fellowship year participation which includes beginning and ending dates. Co-signed by clinical fellowship year supervisor.	
Daily Living Skills Specialist	Certificate from American Association of Workers for the Blind	Job description with role and function; numbers and description of pupils served; percent of time with special education	
Diagnostic Teacher	Standard Special Certificate with special education endorsement for handicapping area(s) served	Job description with role and function; description of pupils served	

Driver Education Teacher	Standard Special Certificate endorsed for driver's education *or* Standard Secondary Certificate *and* course requirements as stated in *SBE Document 1*	Description of responsibilities; numbers and description of pupils served; percent of time with special education; applicable experience and background	
Guidance Counselor	Standard Special Certificate *or* School Service Personnel Certificate with guidance endorsement	Numbers and description of pupils served; percent of time with special education	
Home Economics Teacher	Appropriate certificate and course work as stated in *SBE Document 1*	Job description with role and function; numbers and description of pupils served; percent of time with special education; applicable experience and background	
Industrial Arts Teacher	Appropriate certificate and course requirements as stated in *SBE Document 1*	Applicable experience and background; job description with role and function; numbers and description of pupils served; percent of time with special education	
Inservice Coordinator	Standard Special Certificate endorsed in a handicapping area *or* the School Service Personnel Certificate	Job description with role and function	
Interpreter for the Deaf	Comprehensive Skills Certificate by National Registry of Interpreters for the Deaf		1981-82 school year will be the last year for professional reimbursement.
Music Therapist	Registration from the National Association of Music Therapy *or* master's degree in music therapy		
Medical Services Personnel (Diagnostics & Evaluation)	Illinois registration from the Department of Registration and Education	Description of specific services; numbers and description of pupils served	
Occupational Therapist	American Occupational Therapy Association Certificate	District should submit copy of the current registration for the first year of employment.	Annual registration updates should be maintained in district-level files.
Orientation & Mobility Specialist	Certificate from the American Association of Workers for the Blind		
Physical Therapist	Illinois registration from the Department of Registration and Education	District should submit copy of the current registration for the first year of employment.	Annual registration updates should be maintained in the district-level files.
Recreational Therapist	License from National Therapeutic Recreation Society	Job description; numbers and description of pupils served	

Necessary Professional	Credentials	Documentation	Special Instructions
Other Necessary Professional	Appropriate Certificate(s)/Approval(s) and Training	Provide the following information: 1. Detailed job description; 2. Number and types of students in program; 3. Description of individual's training and experience which indicates he/she could function appropriately in the position; 4. Detailed description of the supervision and back-up assistance provided, including the name of the person who will provide the technical assistance supervision. This person should hold the applicable supervisor credentials (see Dr. Gill's memo of 8/6/81).	These approvals will be time-specific and district-specific.
Vocational Adjustment Counselor	Bachelor's degree in a related field*	Experience as applicable; job description with role and function	
Vocational Education Teacher	Appropriate certificate with course work and experience requirements as stated in *SBE Document 1*	Applicable experience/background; number and description of pupils served; percent of time with special education, job description with role and function	
Non-Certified Personnel			
Bookkeeper		Description of duties related to special education; percent of time with special education	
Custodian		Description of duties related to special education; percent of time spent with special education	
Hearing/Vision Screener	Certificate of completion of training by Department of Public Health		
Interpreter for the Deaf	Comprehensive Skills Certificate from National Registry of Interpreters of Deaf *or* verification of skills by certified person	Description of pupil(s); listing of school subjects for which interpreter is utilized	
Lunch Room/Playground Aide		Description of duties related to special education; percent of time spent with special education	
Non-Certified Health Aid	Registered Nurse *or* Licensed Practical Nurse	Description of direct health services to specific student(s) for individualized health need; percent of time with special education	Annual license registration should be maintained at district level.

Occupational Therapy Assistant	American Occupational Therapy Association Certificate		
Other Non-Certified Employee	As applicable	Job description with role and function	
Physical Therapy Assistant	Certificate from American Physical Therapy Association approved college program *or* equivalency test for physical therapy assistant from U.S. Department of Public Health		
School Nurse Intern	Registered Nurse-Intern has been approved by Certification and Placement Section.		
Secretary		Description of duties related to special education; percent of time spent with special education	
Additional Areas	Appropriate certificate(s)/approval(s) and training	Provide the following information: 1. Detailed job description; 2. Number and types of students in program; 3. Description of individual's training and experience which indicate he/she could function appropriately in the position; 4. A detailed description of the supervision and back-up assistance provided, including the name of the person who will provide the technical assistance supervision. This person should hold the applicable supervisor credentials (See Dr. Gill's memo of 8/6/81); 5. A description of the search for a qualified applicant which should include number of universities both in and out-of-state, regional superintendent, Certification and Placement Section and any other factual information; 6. The individual's plan to complete course work leading to the appropriate certificate or approval. (If applicable)	These approvals will be time-specific and district-specific.

Key: SBE Document 1 — *The Illinois Program for Evaluation Supervision, and Recognition of Schools; State Board of Education Document Number 1.*

*Credentials criteria are in the process of being developed.

INSTRUCTIONS FOR APPLYING FOR PERSONNEL APPROVAL IN "OTHER" AREAS OF SPECIAL EDUCATION.

For areas of special education personnel approval listed in Section IV, the district seeking to employ an individual must file a completed form titled "Request for Approval of Other Special Education Personnel" (see below for sample of form) with the appropriate Illinois Regional Superintendent of Schools. There is no charge for this request.

Each application must be accompanied by the required credentials and other documentation as indicated in this publication. Any application not accompanied by the required materials will be denied or delayed in processing until the required documentation is obtained.

The Regional Superintendent of Schools will forward two copies of the application and the supporting documentation to the Certification and Placement Section for review. If an individual qualifies for approval, notification will be returned to the Regional Superintendent with whom the application was filed. If the request is denied, notification listing the deficiencies will be returned through the Regional Superintendent's office where the application was filed. Any questions concerning the review should be addressed to the Illinois State Board of Education, Certification and Placement Section, 100 North First Street, Springfield, Illinois 62777, 217/782-2805.

SAMPLE FORM

ILLINOIS STATE BOARD OF EDUCATION
Department of Professional Relations
Certification and Placement Section
100 North First Street
Springfield, Illinois 62777

REQUEST FOR APPROVAL OF OTHER SPECIAL EDUCATION PERSONNEL

INSTRUCTIONS: This form is to be completed for each necessary professional worker, other individual, or non-certified employee who meets any of the following criteria: a) the individual is newly employed this year by the school district or joint agreement; and/or b) the individual has changed work assignments or his/her job description has changed significantly from last year. Submit the completed form and other documentation required for the specific work assignment in the Special Education Certification and Approval Requirements and Procedures to the Regional Superintendent, who will forward these documents to the above address.

SOCIAL SECURITY NO.	EMPLOYEE NAME (Last, First, Middle Initial, Maiden)	APPROVAL AREA CODE (See table below)	EMPLOYMENT DATE

REGION-COUNTY DISTRICT TYPE CODE	NAME OF EMPLOYING DISTRICT/JOINT AGREEMENT

ADDRESS OF EMPLOYER	NAME OF CONTACT PERSON	PHONE NUMBER

"I certify that the information above and the documentation accompanying this application are true and accurate to the best of my knowledge and have been prepared in accordance with Section 14-12.01 of The School Code of Illinois and the Rules and Regulations to Govern the Administration and Operation of Special Education."

Date *Signature of School District Superintendent (if applicable)*

Date *Signature of State-Approved Director of Special Education*

Date *Signature of Regional Superintendent*

APPROVAL AREA CODE TABLE

NECESSARY PROFESSIONAL

PAD	-	Assistant Director	PID	-	Interpreter for the Deaf
PAF	-	Clinical Fellowship Year Audiologist	PMD	-	Medical Services Personnel
PAI	-	Administrator Intern (Special Education)	PMT	-	Music Therapist
PAT	-	Art Therapist	PNG	-	School Nurse - "grandfathered"
PAU	-	Audiologist	POM	-	Orientation and Mobility Specialist
PBM	-	Business Management Assistant	POT	-	Occupational Therapist
PDE	-	Driver Education Teacher	PPE	-	Adapted Physical Education Teacher
PDG	-	Diagnostic Teacher	PPT	-	Physical Therapist
PDL	-	Daily Living Skills Specialist	PRT	-	Recreational Therapist
PGC	-	Guidance Counselor	PVA	-	Vocational Adjustment Counselor
PHE	-	Home Economics Teacher	PVO	-	Vocational Teacher
PIA	-	Industrial Arts Teacher	PZZ	-	Other Necessary Professional
PIC	-	Inservice Coordinator			

NON-CERTIFIED EMPLOYEE

NBK	-	Bookkeeper	NNI	-	School Nurse Intern
NCU	-	Custodian	NOT	-	Occupational Therapy Assistant
NHA	-	Non-Certified Health Aide	NPT	-	Physical Therapy Assistant
NHV	-	Hearing/Vision Screener	NSC	-	Secretary
NID	-	Interpreter for the Deaf	NZZ	-	Other Non-Certified Employee
NLP	-	Lunchroom/Playground Aide			

For additional areas not listed above, fill in the space below with the position title. See the Special Education Certification and Approval Requirements and Procedures for details of documentation to accompany this request.

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